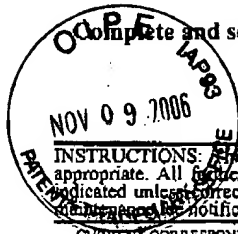


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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22204 7590 10/06/2006

NIXON PEABODY, LLP
401 9TH STREET, NW
SUITE 900
WASHINGTON, DC 20004-2128

11/13/2006 RMEBRAH1 00000056 192380 09973956

01 FC:2501 700.00 DA

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Phoebe M. Jones (Depositor's name)
Phoebe M. Jones (Signature)
November 9, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/973,956

10/11/2001

Ronald W. Mink

09973-05210

7403

TITLE OF INVENTION: DEVICE FOR COLLECTION AND ASSAY OF ORAL FLUIDS

Adjustment date: 11/13/2006 RMEBRAH1
02/20/2004 SSANDARI 00000002 192380 09973956

11/13/2006 RMEBRAH1 00000057 09973956

01-FC:2501 665.00 CR

01 FC:8001

15.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$0

\$665

\$700

01/08/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SORKIN, DAVID L

1723

422-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 NIXON PEABODY LLP

2 JEFFREY A. LINDEMAN

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ORASURE TECHNOLOGIES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BETHLEHEM, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jeffrey A. Lindeman

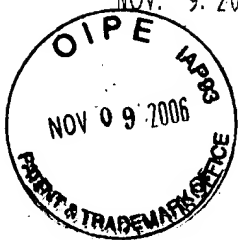
Date November 9, 2006

Typed or printed name Jeffrey A. Lindeman

Registration No. 34,658

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Date: November 9, 2006

Pages (including cover): 2

To: U.S. Patent and Trademark Office -
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Fax: 571-273-2885

From: Jeffrey A. Lindeman, Reg. No. 34,658 Docket No. 030793-052100

Message: The following documents are being presented for facsimile filing in the United States Patent and Trademark Office:

1. Notice of Allowance and Issue Fee Transmittal – Part B (PTOL-85)
2. Permission to charge the **Deposit Account No. 19-2380** in the amount of **\$715.00** representing: \$700.00 for Issue Fee; and \$15.00 for Advance Order of 5 Patent Copies.

In re Patent Application of

Inventor(s): **Ronald W. MINK, et al.**

Application No.: **09/973,956**

Filed: **October 11, 2001**

For: **DEVICE FOR COLLECTION AND ASSAY OF ORAL FLUIDS**

Due Date: January 8, 2007

Docket Number: **030793-052100**

JAL:0251/pmj

CERTIFICATE OF FACSIMILE TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-2885, on November 9, 2006.

Signature:

Name:

Phoebe M. Jones
Phoebe M. Jones